

2011 Health Premiums and Contributions

Effective 1/1/2011

Ambulance Operator

Plan	Tier	Monthly Premium	Employer Monthly Contrib	Employee Monthly Contrib	Employee Bi-Weekly Contrib
Kaiser	Single	368.81	368.81	0.00	0.00
	Two-Party	807.70	368.81	438.89	202.56
	Family	1,062.14	368.81	693.33	320.00
Blue Shield HMO	Single	499.52	368.81	130.71	60.33
	Two-Party	1,089.66	368.81	720.85	332.70
	Family	1,410.14	368.81	1,041.33	480.61
Blue Shield PPO	Single	608.04	368.81	239.23	110.41
	Two-Party	1,285.45	368.81	916.64	423.06
	Family	1,593.12	368.81	1,224.31	565.07
Delta Dental PPO	Single	64.91	25.77	39.14	18.06
	Two-Party	121.23	25.77	95.46	44.06
	Family	159.79	25.77	134.02	61.86
Delta Care HMO	Single	25.77	25.77	0.00	0.00
	Two-Party	43.81	25.77	18.04	8.33
	Family	67.00	25.77	41.23	19.03
VSP	Single	23.50	0.00	23.50	10.85
	Two-Party	23.50	0.00	23.50	10.85
	Family	23.50	0.00	23.50	10.85

City's contribution matches 100% of the cost of the least expensive HMO plan for medical and dental for employee.